

**Application Data Sheet**

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	AN ILLUMINATION METHOD AND SYSTEM FOR OBTAINING COLOR IMAGES BY TRANSCLERAL OPHTHALMIC ILLUMINATION
Attorney Docket Number::	GIL3.1A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
<b>Applicant Information</b>	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel

Status::	Full Capacity
Given Name::	Tamir
Middle Name::	
Family Name::	GIL
Name Suffix::	
City of Residence::	Kibbutz Givat Haim Meuchad
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	Kibbutz Givat Haim Meuchad
City of Mailing Address::	Kibbutz Givat Haim Meuchad
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	38930
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Oded
Middle Name::	
Family Name::	WIGDERSON
Name Suffix::	
City of Residence::	Haifa
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	Wingate Street, 18/5
City of Mailing Address::	Haifa
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	33533
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Amit
Middle Name::	

Family Name:: SASSON  
Name Suffix::  
City of Residence:: Herzelia  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: Hanadiv Street, 57  
City of Mailing Address:: Herzelia  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 46485  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Dan

Middle Name::  
Family Name:: LAOR  
Name Suffix::  
City of Residence:: Haifa  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: Sireni St. 6  
City of Mailing Address:: Haifa  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address::

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/US04/021269	07-02-04

**Foreign Priority Information**

Country:: Application Number:: Filing Date:: Priority Claimed::

**Assignment Information**

Assignee Name:: MEDIBELL MEDICALL VISION  
TECHNOLOGIES, LTD.

Street of Mailing Address:: M.T.M.

City of Mailing Address:: Haifa

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 31905